INSTRUCTIONS FOR COMPLETING APPLICATION FOR HEARING-DEPENDENTS' BENEFITS and/or BURIAL BENEFITS/OCCUPATIONAL DISEASE CLAIM

- 1. Fill out the Application for Hearing-Dependents' Benefits and/or Burial Benefits/Occupational Disease Claim (Form 027). If you are making a claim for periods of exposure with more than one employer, you must fill out an application for each employer.
- 2. The Application must be complete and you must sign it. If you leave blanks on the form, it will be returned to you.
- 3. Claims Resolution Conference: If you would like the Commission's Industrial Accidents Division to schedule a conference where you can meet with the employer/carrier representative to mediate and attempt to settle the claim, check "yes" on the Application for Hearing. If the employer/carrier also agrees to meet, you will be contacted by the Industrial Accidents Division to schedule this conference. Attending this conference does not require you to settle the claim. If you have questions about the claims resolution conference, please contact the Industrial Accidents Division at 801-530-6833.
- 4. You **MUST** also file the following completed forms with your Application for Hearing:
 - a) Decedent's Death Certificate
 - b) Documents supporting dependency relationship with the decedent
 - c) Birth certificates for each minor dependent claimed

ONLY FOR PETITIONERS FILING A CLIAM ON BEHALF OF DEPENDENT CHILD WHO IS NOT THAT CHILD'S PARENT:

d) Guardianship, Conservatorship or other documents establishing legal right to act on behalf of the minor child(ren)

ONLY IF YOU ARE REPRESENTED BY AN ATTONEY:

- e) Form 152 Appointment of Counsel. FOR ATATORNEY USE ONLY.
- 5. If any of the forms are incomplete or unsigned, the Application for Hearing will be returned to you for completion. If the returned Application for Hearing is not completed and re-filed with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.
- 6. You must file the completed Application for Hearing-Industrial Accident Claim and supporting forms with the Adjudication Division. You may file the forms by e-mail, fax, by regular mail or in person.

By e-mail: casefiling@utah.gov

By fax:

Salt Lake office: 801-5306333

Southern Utah office (Parowan): 435-477-1059

By mail:

Salt Lake Office:

Utah Labor Commission Adjudication Division P O Box 146615 Salt Lake City, UT 84114-6615

Southern Utah Office:

Utah Labor Commission Adjudication Division P O Box 1840 Parowan UT 84761

In person:

Salt Lake Office:

Utah Labor Commission Adjudication Division 160 E 300 S 3rd Floor Salt Lake City, Utah

Southern Utah Office:

Utah Labor Commission Adjudication Division 68 South 100 East Parowan, Utah